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Bib Data Sheet

CONFIRMATION NO. 8345

<b>SERIAL NUMBER</b> 09/973,968	<b>FILING OR 371(c) DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 02565/93	
<b>APPLICANTS</b> Joachim Noack, Bad Neustadt, GERMANY;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> GERMANY 100 49 900.7 10/10/2000  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/08/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26646					
<b>TITLE</b> METHOD FOR DETERMINING THE INTRAPERITONEAL VOLUME					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

12-11-08 mg